

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

06-02-2002 90906 039 \*\*\*150.00

DOCUMENT # P98000098883  
1. Entity Name  
GARDNER MOTORS, INC.

074512

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>2090 N. POWERLINE RD</u> Suite, Apt. #, etc. <u>POMPANO BEACH FL</u> City & State		3. Mailing Address <u>2090 N. POWERLINE RD</u> Suite, Apt. #, etc. <u>POMPANO BEACH FL</u> City & State	
Zip <u>33069</u>	Country <u>USA</u>	Zip <u>33069</u>	Country <u>USA</u>

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4. FEI Number <u>65-0878783</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>GENE GARDNER</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2090 N. POWERLINE RD</u>
City <u>POMPANO BEACH FL</u> Zip Code <u>33069</u>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D GARDNER, GENE 2090 N. POWERLINE ROAD POMPANO BEACH FL 33069</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered

SIGNATURE: Gene Gardner  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02  
Date Daytime Phone #

CR2E034B (12/01)